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**Peptic perforation due to *Candida spp.***

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Dear Editor,

Infection by Helicobacter pylori (HP) is the main factor associated with peptic ulcer (PU), with a prevalence of 90-100% (1); eradication treatment and proton-pump inhibitors have reduced its incidence. In case of perforation, the presence of HP is lower (40-70%) and has not decreased, suggesting other mechanisms involved (2,3). Candida infection has been identified in more than half of patients with PU and in 30-40% cases of gastric perforation, being associated with an increase in mortality (4). Several studies suggest that Candida plays an important role in ulcer perforation, improving survival with antifungal treatment (5).

We present 2 clinical cases from 12 de Octubre Hospital, Madrid.

**Case reports**

**First case**: A 59-year-old male with type DM2 presented with duodenal perforation and biliopurulent peritonitis. Laparoscopic approach was performed: primary closure with omental patch. Was necessary reintervention on the second day due to a bile leak

from the previous perforation site: a new laparoscopic approach, primary closure with omental patch. On the third day, we performed another surgery revision because of bile leak persistence from the known perforation: open approach, duodenal exclusion, gastroenterostomy, and biliary tract exclusion with a Kher tube. Duodenal biopsy revealed Candida, so a 14-day antifungal treatment was initiated. The patient had a favorable evolution afterward.

**Second case**: A 45-year-old female presented with perforation on the anterior wall of the first duodenal portion and biliary peritonitis. A, exploratory laparoscopy was performed: primary suturing, and omental patch. Culture of abdominal fluid grew Candida, and it was given treatment with Fluconazole for 3 weeks. The patient had a favorable outcome.

**Discussion**

Candida spp. is part of the saprophytic flora of the gastrointestinal tract (GIT), being candidiasis the most common fungal infection, especially in immunocompromised patients. It is an opportunistic pathogen, frequently described in peritoneal cultures with peritonitis (1,5). Coinfection with Candida is associated with higher mortality, being a poor prognostic factor in the Jabalpur Predictive Score (5).

The diagnosis is made by observing hyphae in biopsies or the growth of Candida in peritoneal fluids. Although perforation exposes the abdominal cavity to GIT flora, confirmation of Candida requires cultures or biopsies. Antifungal treatment has been shown to reduce mortality, while inadequate antimicrobial treatment increases mortality (5).

It is recommended to perform peritoneal culture or tissue biopsy to ensure adequate coverage and prevent complications such as septic shock, whose morbidity can reach 50%.

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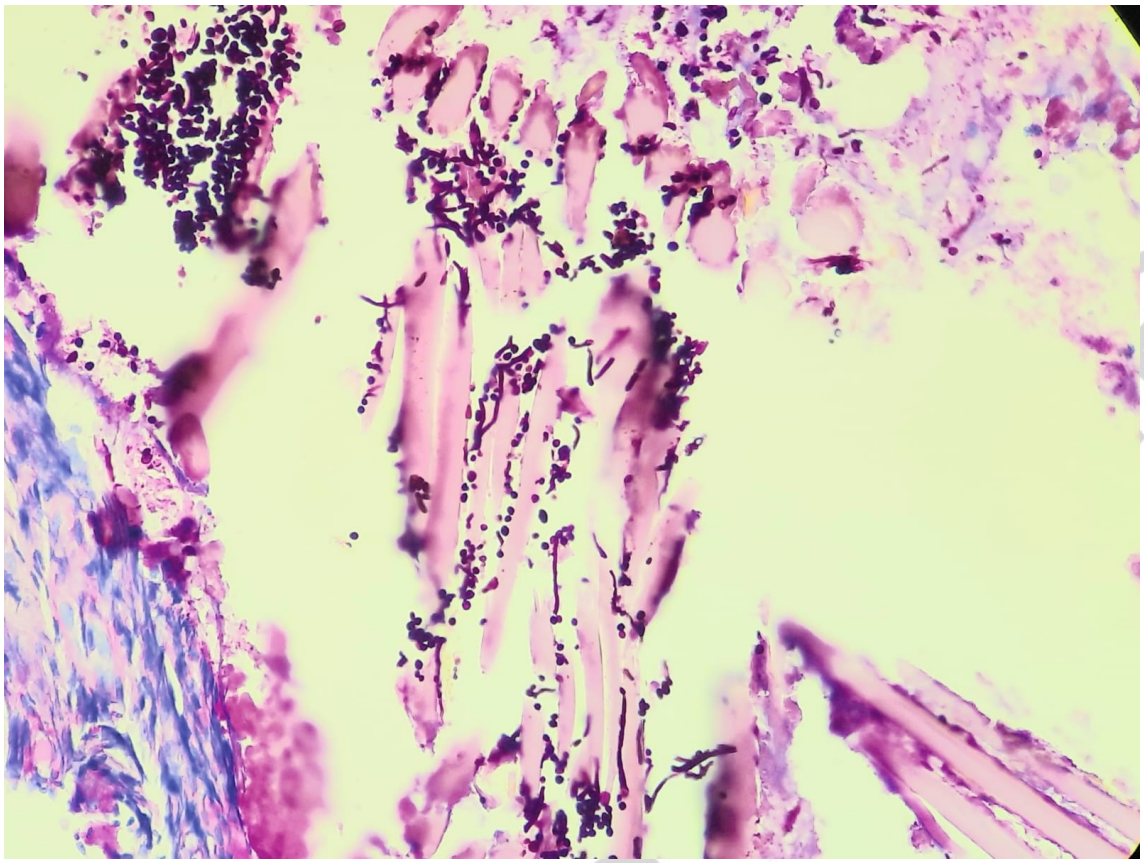

Figure 1. Candida spp hyphae